

OKLAHOMA FIRE DEPARTMENT

MEMBERSHIP APPLICATION

I hereby make application for membership in the Oklahoma Volunteer Fire Department, subject to approval of the Committee and Department.

Date: _____ Probation Date: _____

Age: _____ Active Date: _____

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (home) _____ (work) _____

Social Security # _____ Date of Birth: _____ Driver's License # _____

Do you have any medical conditions which would prevent you from performing duties within the fire department such as driving fire equipment or fighting a fire? If yes, please explain. _____

Do you have a valid Pennsylvania Drivers Licenses? Has your drivers licenses ever been suspended? If yes, for what reason? _____

Have you ever been convicted of driving under the influence? If yes, when? _____

Have you ever been convicted of a criminal misdemeanor or felony? If yes, when and for what crime? _____

Training/Certifications: _____

By signing this application, you are authorizing the Fire Department to obtain your driving record and criminal record. Those records shall be kept confidential.

All information supplied in this membership application is true and correct to the best of the applicant's knowledge and belief and subject to the provisions of the Pennsylvania Crimes Code dealing with unsworn falsification to authorities.

Date: _____ Signature: _____

Committee: _____

Com: _____